## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

MEBB-027

| CLAIMS AS FILED - PART I   |  |   |               |                            |              |                  |                               | SMALL ENTITY |                        |          | OTHER THAN                            |                        |
|--|--|---|---------------|----------------------------|--------------|------------------|-------------------------------|--------------|------------------------|----------|---------------------------------------|------------------------|
| <u></u>  |  |   | (Column 1)    |                            | (Column 2)   |                  |                               | TYPE         |                        | ·OR      |                                       |                        |
| TOTAL CLAIMS   |  |   | 42            |                            |              |                  |                               | RATE         | FEE                    |          | RATE                                  | FEE                    |
| FOR  |  |   | NUMBER FILED  |                            | NUMBER EXTRA |                  |                               | BASIC FE     | E 385.00               | OR       | BASIC FEE                             | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 4 U minus 20= |                            | . 22         |                  |                               | X\$ 9=       | 148                    | OR       | X\$18=                                |                        |
| INI  | DEPENDENT C  | LAIMS                                     | Y m           | inus 3 =                   | *            | .[               |                               | X43=         | 43                     | OR       | X86=                                  |                        |
| М  | JLTIPLE DEPE   | NDENT CLAIM P                             |               |                            |              |                  | +145=                         |              | 7                      | +290=    |                                       |                        |
| * If the difference in column 1 is less than zero, enter "0" in  |  |   |               |                            |              | column 2         |                               | TOTAL        | 616                    | OR       | TOTAL                                 |                        |
| CLAIMS AS AMENDED - PART II  |  |   |               |                            |              |                  | TOTAL 600 OR TOTAL OTHER THAN |              |                        |          |                                       |                        |
|  |  | (Column 1)                                |               | (Colum                     | •            | (Column 3)       |                               | SMALL        | ENTITY                 | OR       | SMALL                                 |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUMB<br>PREVIO<br>PAID F   | ER<br>USLY   | PRESENT<br>EXTRA |                               | RATE         | ADDI-<br>TIONAL<br>FEE |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                         |              | =                |                               | X\$ 9=       |                        | OR       | X\$18=                                |                        |
|  | Independent  | *   | Minus         | ***                        |              | =                |                               | X43=         |                        | OR       | X86=                                  |                        |
| Ĺ  | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DE    | PENDENT                    | CLAIM        |                  |                               | +145=        | <b> </b>               | 1        | +290=                                 |                        |
|  |  |   |               |                            |              |                  | Ļ                             | TOTAL        |                        | OR       | TOTAL                                 |                        |
|  |  |   |               |                            |              |                  |                               | DDIT. FEE    |                        | OR,      | ADDIT FEE                             | <u> </u>               |
|  | <u></u>  | (Column 1) CLAIMS                         |               | (Colum<br>HIĞHE            |              | (Column 3)       | -                             |              | T                      | ,<br>, , |                                       |                        |
| AMENDMENT B  |  | REMÀINING<br>AFTER<br>AMENDMENT           |               | NUMBI<br>PREVIOL<br>PAID F | JSLY         | PRESENT<br>EXTRA |                               | RATE         | ADDI-<br>TIONAL<br>FEE |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                         |              | = .              |                               | X\$ 9=       |                        | OR       | X\$18=                                |                        |
|  | Incependent  | *   | Minus         | ***                        |              | =                |                               | X43=         |                        | OR       | X86=                                  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |               |                            |              |                  |                               | +145=        |                        | OR       | +290=                                 |                        |
|  |  |   |               |                            |              |                  | L                             | TOTAL        | ·                      |          | TOTAL                                 | •                      |
| (Column 1) (Column 2) (Column  |  |   |               |                            |              |                  |                               | DDIT FEE I   |                        |          | ADDIT. FEE                            |                        |
|  | <b>\</b>   | CLAIMS                                    |               | HIGHEST                    |              | (Column 3)       | _                             |              |                        |          | · · · · · · · · · · · · · · · · · · · |                        |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |               | PREVIOU<br>PAID FO         | SLY          | PRESENT<br>EXTRA |                               | RATE         | ADDI-<br>TIONAL<br>FEE |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus         | **                         |              | = .              |                               | X\$ 9=       |                        | OR       | X\$18=                                |                        |
|  | Independent  | *   | Minus         | ***                        |              | =                | H                             | X43=         |                        |          | X86=                                  |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                       |   |               |                            |              |                  | $\vdash$                      | A43=         |                        | OR       | ∧00=<br>-                             |                        |
| * 14   | * If the entry in column 1 is loss than the entry is a loss than the |   |               |                            |              |                  |                               |              |                        | OR       | +290=                                 |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OP TOTAL ADDIT. FEE ADDIT. FEE |  |   |               |                            |              |                  |                               |              |                        |          |                                       |                        |
| . 1  | he "Highest Numi   | ber Previously Paid                       | For (Total or | Independent                | ) is the I   | nichest number   | four                          | d in the ann | ronriate hav           | in colu  | mn 1                                  | J                      |